

County: Bayfield
 NORTHERN LIGHTS HEALTH CARE CENTER
 706 BRATLEY DRIVE

Facility ID: 1430

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WASHBURN 54891 Phone: (715) 373-5621
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 75
 Total Licensed Bed Capacity (12/31/01): 75
 Number of Residents on 12/31/01: 68

Ownership: Private Nonprofit
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 71

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		33.8
Supp. Home Care-Personal Care	No					1 - 4 Years		47.1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	4.4	More Than 4 Years		19.1
Day Services	No	Mental Illness (Org./Psy)	36.8	65 - 74	4.4			-----
Respite Care	No	Mental Illness (Other)	4.4	75 - 84	23.5			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	61.8	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.5	95 & Over	5.9	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	4.4		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	16.2	65 & Over	95.6	-----		
Transportation	No	Cerebrovascular	8.8		-----	RNs		15.8
Referral Service	No	Diabetes	8.8	Sex	%	LPNs		8.3
Other Services	Yes	Respiratory	2.9		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	16.2	Male	13.2	Aides, & Orderlies		
Mentally Ill	Yes		-----	Female	86.8			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Total Resi - dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)					
Int. Skilled Care	0	0.0	0	1	2.1	125	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.5
Skilled Care	5	100.0	330	47	97.9	107	0	0.0	0	15	100.0	139	0	0.0	0	0	0.0	0	67	98.5
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		48	100.0		0	0.0		15	100.0		0	0.0		0	0.0		68	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	13.1	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	1.5	77.9	20.6	68
Other Nursing Homes	8.2	Dressing	17.6	63.2	19.1	68
Acute Care Hospitals	72.1	Transferring	30.9	52.9	16.2	68
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	23.5	57.4	19.1	68
Rehabilitation Hospitals	0.0	Eating	63.2	29.4	7.4	68
Other Locations	6.6	*****				
Total Number of Admissions	61	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	4.4	Receiving Respiratory Care		32.4
Private Home/No Home Health	37.9	Occ/Freq. Incontinent of Bladder	55.9	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	38.2	Receiving Suctioning		0.0
Other Nursing Homes	0.0			Receiving Ostomy Care		2.9
Acute Care Hospitals	9.1	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp. -MR/DD Facilities	3.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		33.8
Rehabilitation Hospitals	0.0					
Other Locations	3.0	Skin Care		Other Resident Characteristics		
Deaths	47.0	With Pressure Sores	10.3	Have Advance Directives		66.2
Total Number of Discharges (Including Deaths)	66	With Rashes	11.8	Medications		
				Receiving Psychoactive Drugs		64.7

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.7	88.9	1.06	85.1	1.11	84.4	1.12	84.6	1.12
Current Residents from In-County	82.4	78.4	1.05	72.2	1.14	75.4	1.09	77.0	1.07
Admissions from In-County, Still Residing	32.8	25.3	1.29	20.8	1.57	22.1	1.48	20.8	1.58
Admissions/Average Daily Census	85.9	108.1	0.79	111.7	0.77	118.1	0.73	128.9	0.67
Discharges/Average Daily Census	93.0	107.3	0.87	112.2	0.83	118.3	0.79	130.0	0.71
Discharges To Private Residence/Average Daily Census	35.2	37.6	0.94	42.8	0.82	46.1	0.76	52.8	0.67
Residents Receiving Skilled Care	100	90.9	1.10	91.3	1.09	91.6	1.09	85.3	1.17
Residents Aged 65 and Older	95.6	96.2	0.99	93.6	1.02	94.2	1.01	87.5	1.09
Title 19 (Medicaid) Funded Residents	70.6	67.9	1.04	67.0	1.05	69.7	1.01	68.7	1.03
Private Pay Funded Residents	22.1	26.2	0.84	23.5	0.94	21.2	1.04	22.0	1.00
Developmentally Disabled Residents	0.0	0.5	0.00	0.9	0.00	0.8	0.00	7.6	0.00
Mentally Ill Residents	41.2	39.0	1.06	41.0	1.00	39.5	1.04	33.8	1.22
General Medical Service Residents	16.2	16.5	0.98	16.1	1.01	16.2	1.00	19.4	0.83
Impaired ADL (Mean)	45.0	49.9	0.90	48.7	0.92	48.5	0.93	49.3	0.91
Psychological Problems	64.7	48.3	1.34	50.2	1.29	50.0	1.29	51.9	1.25
Nursing Care Required (Mean)	11.4	7.0	1.62	7.3	1.57	7.0	1.62	7.3	1.55